

2017-2018 ST. BRONISLAVA RELIGIOUS EDUCATION REGISTRATION FORM (GRADES 1-9)

Please complete this form and return to: St. Bronislava Parish, Attn: RE Registration, P.O. Box 158, Plover, WI 54467

Full Name (Father) _____ (Mother) _____

Address _____

City

Zip Code

Father's Information below

Mother's Information below

Email Address _____

Email Address _____

Phone # _____

Phone # _____

Cell Phone # _____

Cell Phone# _____

Work Phone # _____

Work Phone # _____

Father's Religion _____

Mother's Religion _____

Mother's Maiden Name _____

Emergency Contact Name: _____ Phone # _____

If divorced or separated, children live with: Mother _____ Father _____ Joint _____ Other _____

Name and Address for other parent _____

Are you a member of St. Bron's Parish? Yes _____ No _____ *If not, what parish are you a member of? _____

Do we have your permission to use photos/videos of your children taken during the program activities? Yes _____ No _____

Wednesday Night Class Choices:

Grades 1-5 4:00 – 5:15 p.m. or 5:30 – 6:45 p.m.

Grade 6 5:30 – 6:45 p.m.

Grades 7-9 7:00 – 8:30 p.m.

Childs Name(s)

Grade

School

Class Choice

Special Needs

(allergies, meds, behavioral, physical, etc. and other notes)

1. _____

2. _____

3. _____

4. _____

Program Costs:

\$65.00 tuition fee **per child**

\$65.00 x ____ = _____ (not to exceed \$200.00)

Early Bird Special - Deduct \$10.00 from \$65 tuition fee per child if forms & full payment mailed on or before September 1

\$10.00 x ____ - _____

Sub Total \$ _____

Other Costs added to tuition fees:

\$40.00 Reconciliation & Eucharist (2nd grade)

\$ 40.00 x ____ + _____ (complete sacramental form)

\$20.00 Confirmation Retreat Fee (9th grade only)

\$ 20.00 x ____ + _____ (complete sacramental form)

***\$25.00** Non-parishioner Fee (per family)

\$ 25.00 + _____ (religious education transfer form required)

Total Amount Due: \$ _____ **Make check payable to St. Bronislava Parish**

FOR OFFICE USE ONLY:

Date Forms Received _____ **Reminders Sent** _____

Amount Paid _____ Date _____ Receipt# _____ Balance Due _____

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